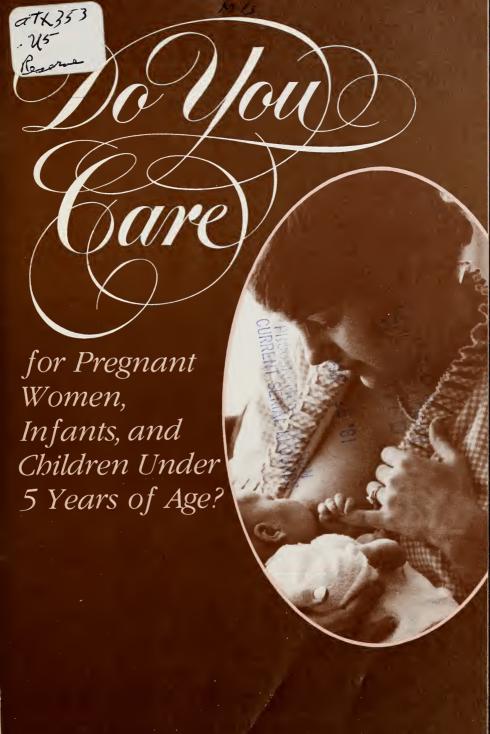
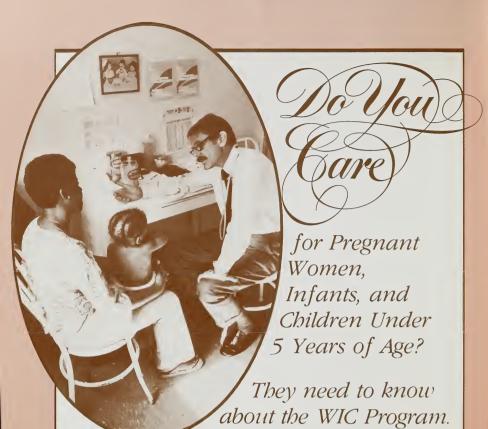
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U.S. Department of Agriculture Food and Nutrition Service FNS-192



About 1.85 million low-income women and children in most parts of the country get nutritional benefits from the Special Supplemental Food Program for Women, Infants, and Children (the WIC Program).

Your low-income patients can too.

WIC gives pregnant, postpartum, and breastfeeding women, infants, and children up to 5 years of age nutritious foods to supplement their diets.

Supplemental foods alone can help correct serious nutritional problems such as inadequate growth, retardation, or anemia. However, the combination of foods, nutrition education, and health care even further helps prevent the early development or progression of health problems in pregnant women, infants, and children.

Cover Photo: The Princeton Center for Infancy

#### WIC encourages routine medical care.

But participants benefit from much more than the added nutrition in the foods they receive. WIC encourages participants to seek and continue medical guidance.

A 1976 Urban Institute study showed a dramatic 77-percent increase in children's visits to health facilities after participation. The study also showed that pregnant mothers visited their clinics and had their children immunized more often.

## WIC provides nutrition education.

And participants learn how to use the food they receive to their best nutritional advantage.

Do your patients know how WIC can improve their health?

WIC is one of the most effective and successful health and nutrition programs operated by the Federal Government. Data collected independently in such States as Arizona, Oregon, and Louisiana show that WIC substantially reduced instances of anemia and of low birthweight infants. And underweight or overweight participants are better able to achieve their proper weight with WIC benefits.



What nutritional benefits does WIC offer?

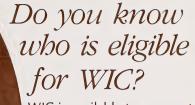
The supplemental foods provided by the WIC Program are high in protein, iron, calcium, and vitamins A and C.

Health professionals determine the nutritional needs of each participant and prescribe food to meet their needs.

The WIC Program encourages breastfeeding. However, infants who bottlefeed can get iron-fortified formula. Also, infants may receive cereal and fruit juices high in vitamin C. In rare cases, when medical conditions contraindicate the use of iron-fortified formula, participants can receive formula that is not iron-fortified. In these cases, the participant's physician must prescribe noniron-fortified formula.

Women and children get fortified milk, cheese, eggs, cereals high in iron, peanut butter or dried beans or peas, and fruit or vegetable juices high in vitamin C. Provisions can be made for participants older than 12 months with certain special dietary problems.

Participants receive commercial products through exchange of vouchers at retail outlets, through warehouses, or home delivery, depending on the State of residence.



WIC is available to pregnant, postpartum, and breastfeeding women, and children up to their fifth birthday, whose health is threatened by both low income and nutritional need. Nutritional criteria include height and weight measurements, a hemoglobin or hematocrit test, and having the participant recall what has been eaten in the last 24 hours. Applicants may use results of tests taken in the previous 6 months from their private physician to meet program criteria, or can have these tests at

no cost when they apply at a local health agency that participates

in the WIC Program.

If WIC positions are not available at the time of application, applicants are admitted for subsequent openings based on a priority system of nutritional risk.

Participants are certified for 6 months. However, pregnant women are certified for their entire pregnancy and 6 weeks after they give birth. At the end of the certification period, participants must reapply for benefits. Patients can remain under their physician's care while they receive WIC benefits.

## Are participants taught about nutrition?

Yes, participants learn about nutrition at the WIC clinic. WIC participants learn to recognize proper dietary patterns and their relationship to health. Where possible, clinics encourage other members of the participant's family to learn about nutrition.

## Do you know why health professionals support WIC?

WIC has expanded tremendously since it began in 1972. The primary reason is that many local level personnel support WIC. They see a real need for the program in their communities.

Physicians and other health professionals believe in WIC because they see improvement in such health indicators as growth and

weight. They see participants continue health care even when they no longer participate in WIC. In addition, participants are more conscious of the health care they receive—more prenatal visits, increased immunizations, and increased attention to their diets and their health.

Health professionals say WIC makes sense. A recent study in Massachusetts compared the cost of WIC to the cost of treating mothers and their children for the nutritional problems WIC combats. The study found that every dollar spent on the WIC Program results in a \$3 savings in hospitalization costs. Therefore, this study supports the idea that WIC is a preventive program.

# How can you help WIC reach your patients?

Some of your patients may be eligible for WIC benefits. For locations of local clinics, local eligibility guidelines, and methods of delivery, contact your State health department. Or contact the U.S. Department of Agriculture's Food and Nutrition Service, Washington, D.C. 20250. The Food and Nutrition Service administers the WIC Program nationally.

Still skeptical? The Food and Nutrition Service can also supply you with copies of studies, like those mentioned, that substantiate



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